#### SAMPLE LETTER TO FAMILIES – FREE MILK PROGRAM

Dear Parent/Guardian:		
The	School serves milk every school day. Students may buy milk for	cents.
If your total household income	e is equal to, or less than the amounts shown here, your children are eligible	for free milk.

To apply for milk benefits, complete, sign and return the attached application to the school. Within 10 days of receiving your application, the school will let you know if your child can have free milk.

**How do I get free milk for my child?** You must complete the Free School Milk Application and return it to the school.

- Households getting SNAP or TANF benefits. Include your child's name and case number, and an adult household member must sign the form.
- Households that do not get SNAP or TANF benefits. If you do not
  have a case number, you must include the names of all household
  members, the amount of income each person receives and where the
  income came from. An adult household member must sign the form
  and include the last four digits of his/her social security number, or
  indicate that he or she has none.
- Households with a foster child. You only have to include the child's
  name and check the box indicating that the child is a Foster Child on
  the Milk Application, and an adult must sign the form.

School Year 2020 Income Guidelines For Reduced Price Meals			
FREE			
INCOME GUIDELINES			
Household Size	Monthly		
1	1,354		
2	1,832		
3	2,311		
4	2,730		
5	3,269		
6	3,748		
7	4,227		
8	4,705		
For each additional family member add:			
479			

Will the form be verified? Your eligibility may be checked at any time during the school year. School officials may ask you to send written evidence that shows your child should get free milk.

Can I appeal the scho	ol's decision?	You can	talk to	school	officials i	f you o	do not	agree	with	the	school's
decision on your form.	You also may a	ask for a f	air hear	ing by o	contacting						
at											

Will information on my form be kept confidential? We will use the information on your form to decide if your child should get free milk. We may inform officials connected with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

**Can I apply for free milk later?** You may apply for free and reduced price meals at any time during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF benefits, complete a form then.

We will let you know if you are approved or denied.

Sincerely,

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov
- This institution is an equal opportunity provider.

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin. Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <a href="https://www.maine.gov/mhrc/file/instructions">https://www.maine.gov/mhrc/file/instructions</a> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

# **Instructions for Completing the Free School Milk Application**

Complete the Free School Milk Application using the instructions below.	
Sign the form and return it to:	If you need help, call:

# Step 1 STUDENT INFORMATION

- (a) List all students living in the household
- (b) Include the name of the school they attend (if known)
- (c) If the student is a Foster, Homeless or Migrant child, check the applicable box.
  - (a) A foster parent or other official representing the child must sign the form in step 4. You do not have to list a social security number.
- (a) Foster children should be included as a household member. This may help other household members qualify for benefits.

### Step 2 BENEFITS

- (a) If <u>any</u> members of your household receive SNAP, TANF or FDPIR assistance provide the case number and name of the person receiving these benefits. Skip step 3.
- (b) Sign the form in 4. An adult household member must sign. You do not have to list a social security number.

### Step 3 INCOME

- (a) Write the names of <u>each</u> person living in your household.
- (b) Write the amount of income each person receives before taxes and other deductions. Each income amount should be entered in the appropriate column on the form.
- (c) Check the box for how often each income is received.
- (d) If anyone is self-employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the school if you need help.

### Step 4 SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

- (a) The form must have the **signature** of an adult household member.
- (b) The adult household member who signs the statement must include the **last four digits of his/her social security number**. *If* he/she does not have a social security number, check the appropriate box. A social security number is not needed if you listed a SNAP or TANF case number or if you are applying for a foster child.

**Step 5 OTHER BENEFITS: Optional.** You may complete this section only if you wish to receive information about Medicaid or Maine Care benefits.

**Step 6** CHILDREN'S ETHNIC/RACIAL IDENTITY: Optional. You are not required to answer this question to get meal benefits, but completion of this information will help ensure everyone is treated fairly.

## INCOME TO REPORT

Earnings from Work	Public Assistance/Child Support/Alimony Received	Pensions/Retirement/Social Security & Other Income
-Salary, wages, cash bonuses	-Unemployment benefits	-Social Security (including railroad retirement
-Net income from self-employment (farm or	-Worker's compensation	and black lung benefits
business)	-Social Security Income (SSI)	-Private pensions or disability benefits
	-Cash assistance from State or local government	-Regular income from trusts or estates
If you are in the military:	-Alimony payments	-Annuities-Investment income
-Basic pay and cash bonuses (do not include	-Child support payments	-Earned interest
combat pay, FSSA or privatized housing	-Veteran's benefits	-Rental income
allowances)	-Strike benefits	-Regular cash payments from outside household
Allowances for off-base housing, food and		
clothing		